the date shown below:

Typed or printed name

Kristin J. Frost

Signature

PTO/SB/21 (09-04)

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Thu	Application Number	09/781,695  February 12, 2001  Terrence L. Graham		
TRANSMITTAL	Filing Date			
FORM	First Named Inventor			
	Art Unit	1616		
(to be used for all correspondence after initial filing)	Examiner Name	Alton Nathaniel Pryor		
Total Number of Pages in This Submission	Attorney Docket Number	22727/04056		

ENCLOSURES (Check all that apply)							
~	Fee Trans	smittal Form		Drawing(s)			After Allowance Communication to TC
	<b>✓</b> F∈	ee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences
Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts under 37 CFR 1.52 or 1.53		Ren	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below): eck in the amount of \$510 turn receipt postcard	
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Signature Winter . From							
Printed	d name	Kristin J. Frost					
Date	May 2, 2006 Reg. No. 50,627						7
CERTIFICATE OF TRANSMISSION/MAILING							

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 5 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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May 2, 2006

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betwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number,

				Complete if Known				
FEE TRANSMITTAL For FY 2006			8).	Application Numb	pplication Number 09/781,695			
			- [	Filing Date		February 12, 2001		
				First Named Inve	entor -	Геггепсе L. Graha	m	
			$-\Gamma$	Examiner Name	,	Alton Nathaniel Pr	yor	
Applicant claims small	entity status	. See 37 CFR 1.27		Art Unit		1616		
TOTAL AMOUNT OF PAY	MENT (\$)	510		Attorney Docket I	<del></del>	22727/04056		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization FEE CALCULATION (A			n fili	na or may bo s	ubioc	to a surcharge \		
1. BASIC FILING, SEAR				ing of may be s	Jubjeo	to a suromargo.		
Application Type	FILING F	FEES SE Small Entity		CH FEES Small Entity Fee (\$)	EXAM	INATION FEES  Small Entity  \$) Fee (\$)	Fees Paid (\$)	
Utility	300		00	250	200			
Design	200		00	50	130			
Plant	200	-	00	150	160			
Reissue	300	-	00	250	600	• • • • • • • • • • • • • • • • • • • •		
Provisional	200	100	0	0	0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims  Small Entity Fee (\$) Fee (\$)  25 20 100 100 180								
Total Claims	Extra Clain		ree	Paid (\$)		Fee (\$)	pendent Claims Fee Paid (\$)	
- 20 or HP = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 =								

SUBMITTED BY				
Signature	Mother	Fron	Registration No. (Attorney/Agent) 50,627	Telephone 216.622.8895
Name (Print/Type	(e) Kristin J. Frost	- 3		Date May 2, 2006

Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Extension of Time (3 mos.)

4. OTHER FEE(S)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioners for Patents. P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.